2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2004 8:00 am
Secretary of State
06-16-2004 90011 029 ****70.00

DOCUMENT # N93000003865

1. Entity Name

REVELATION CHRISTIAN ACADEMY, INC.

54057572

MOORE CR2E037 (11/03)

Principal Place of Business	Mailing Address
205 NE 87TH ST MIAMI FL 33138 US	821 N.W. 104TH STREET MIAMI FL 33150

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0446414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER-REID, JOYCE
821 NW 104TH STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name Reid, Joyce

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joyce RA Reid Apr. 27, 2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REID, JOYCE 821 NW 104 ST. MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DAY, CELIA 823 NW 104 ST MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THARPE, MARY 2940 NW 165 ST OPA LOCKA FL 33054	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP TD Hicks, Sadie 2130 NW 100 St Miami, Fl 33147	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EVERETT, SHIRLEY 2075 BISCAYNE BLVD. MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Davis, Dawn 110 N.E. 187 St NMB, FL. 33179	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HATMAKER, GEORGE 20111 NW 62 AVE MIAMI FL 33055	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP SD Perez, Leila 8013 NW 6 Ave Mia., Fl 33150	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITCHELL, ALMA 971 NE 115 ST MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP D Darling, Pauline 15251 Railroad Drive Opa Locka, Fl. 33054	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce R Reid Apr. 27, 2004 (305)758-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #